

OFFICE OF THE ASSESSOR

172 West Third Street • San Bernardino, CA 92415-0310
www.sbcounty.gov/assessor (909) 387-6666



County of San Bernardino

DENNIS DRAEGER
Assessor-Recorder-County Clerk

REQUEST FOR CHANGE

Owner's Name: _____ Parcel No: _____

Doing Business As (DBA): _____ ID: _____

☐ **Mailing Address Change Only**

Effective Date: _____

Old Address

New Address

Street address: _____

City: _____

State, zip code: _____

☐ **Moved**

Effective date: _____

Old Address

New Address

Street address: _____

City: _____

State, zip code: _____

☐ **Sold**

Effective Date: _____

Sales price: _____

New owner's name: _____

Mailing address: _____

California Revenue and Taxation code section 461 states, "Every person who willfully states anything which he knows to be false in any oral or written statement, not under oath, required or authorized to be made as the basis of imposing any tax or assessment, is guilty of a misdemeanor and upon conviction thereof may be punished by imprisonment in the county jail for a period not exceeding six months or by a fine not exceeding one thousand dollars (\$1,000), or by both."

I, _____ declare under penalty of perjury under the laws of the State of California that the above statement is true and correct. Must be signed by the assessee, or a person authorized to sign on behalf of the assessee.

Signature

Date

Print Name and Title

Daytime Phone Number